cases (72%) after giving birth. Drug use rate ($n=12$, 48%) was most low-est particularly 3. trimester and first 3 months after birth (Figure 1). While there was a change such as discontinuation, increasing or switching in the treatment of 15 patients (60%) compared to before and after pregnancy and 6 of them (24%) continued to increase treatment (added drug to preconception treatment). More than half of the patients used steroids and nonsteroidal antiinflammatory drug in all periods (Figure 2).

Conclusion: In conclusion the present study suggests that RA patients and doctors avoid the use of ARDs other than steroids and NSAIDs in P&P&P periods. The fact that 60% of the patients undergoing postpartum drug change were showed that pregnancy affected the RA treatment regimen. The need for steroid and NSAID in a high proportion of patients during P&P&P periods indicates the continuation of RA disease activity and the necessity of strong RA treatments during all these periods.

Abstract AB1270 Figure 1. Number of ARD use cases and P&P&P periods (none drug user preconception period, $n=3$)

Abstract AB1270 Figure 2. Number of ARD groups and P&P&P periods

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AB1271

DESCRIPTION OF A COHORT OF PATIENTS WITH SYSTEMIC SCLEROSIS AND ANTINEUTROPHIL CYTOPLASMIC ANTIBODIES (ANCA)

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Background: The presence of antineutrophil cytoplasmic antibodies (ANCA) in systemic sclerosis (SSc) has been described rarely. The series published in the literature are scarce¹ Its role in the evolution on the disease is unknown

Objectives: To describe the epidemiological and clinical characteristics of ANCA positive patients from a cohort of patients with SSc

Methods: Retrospective observational descriptive study in a cohort of 312 SSc. We analyzed those patients who were positive for ANCA, collecting variables: gender, race, age, age at diagnosis of SSc, at onset of symptoms, type and immunological profile, clinical manifestations of SSc, association with other systemic autoimmune diseases (SAD), capillaroscopic findings, and treatment. Regarding the ANCA profile, pattern, specificity and titration, as the time of evolution of SSc until the appearance of ANCA

Results: Four of 312 patients with SSc had ANCA (prevalence = 1.28%). All were women and 2 had perinuclear pattern. The reason to request ANCA was kidney failure with proteinuria in 2 cases. One patient developed anti-myeloperoxidase (MPO) renal vasculitis and biopsy showed segmental glomerular necrosis and extracapillary proliferation. Other had proteinuria with hematuria without renal failure and biopsy with glomeruli in wafer. Regarding clinical manifestations all ANCA had some degree pulmonary disease 3 interstitial lung disease (ILD)1 pulmonary arterial hypertension (PAH) confirmed by right heart catheterization (KT). Three had SAD associated

Characteristics of the sample in table 1

	1	2	3	4
Sex	F	F	F	F
Raynaud's debut/Diagnosis	No/67	72/74	40/41	72/73
SSc (years)	Caucasian	Latin american	Caucasian	Caucasian
Ethnic group	Diffuse	Limited	Diffuse	Limited
Subtype SSc	N/A	Perinuclear MPO	Cytoplasmic	Perinuclear PR3
Pattern		102.69		8.0
specificity				
titration ANCA				
ANCA	1	3	27	1
diagnosis (years)				
Antibodies	ANA nucleolar 1/1280 ANTIQU/ RNAPOL 1	ANA speckled 1/640 ACA	ANA nucleolar 1/320 ANTIFIBRILARIN/ SRP	ANA speckled 1/1280 ANTIQU/RO52
Autoimmune disease	Graves	Sjögren Primary biliary cirrhosis	Antisintetase	Idiopathic inflammatory myopathy
Kidney		Renal vasculitis Prot 0.52g/L	Membranous nephropathy Microhematuria Prot 0.14g/L	Prot 0.24g/L
Creatinine and GFR pre/post	0.72/0.66 >60	0.86/2.13 65/37	0.88/0.7 >60	0.96/0.76 >60
ANCA (mg/dl)				
Gastrointestinal		Gastroesophageal reflux	Gastroesophageal reflux	Gastrointestinal Sepsis
Pulmonary	HAP/NSIP sPAP 39.2 TAPSE 2.0 cm KT PCP8 TPG35 TDG 15	No HAP/LIP	No HAP/UIP	No HAP/No ILD sPAP 58 TAPSE 1.4 cm TRV(cm/s)333

Skin	Sclerodactyly mRSS 11/51 Telangiectasia	Sclerodactyly Telangiectasia Leukocytoclastic Vasculitis	Sclerodactyly mRSS 2/51 Acroosteolysis Digital ulcers Telangiectasia ESR y CPR	Digital ulcers Telangiectasia
Acute-phase reactant				ESR
Capillaroscopy	ACTIVE	NONSPECIFIC (irregular enlargement Ramified dilated)	LATE	LATE (moderate avascular, disorganisation)
Treatment	MMF/ Macitentan	MMF CYC/ MMF CYC	NO/ CS AZA	HCQ/CS
sPAP systolic pulmonary artery pressure/mmHg	TAPSE	tricuspid annular plane systolic excursion	PCP pulmonary capillary pressure	TPG transpulmonary pressure gradient
TDG transpulmonary dyastolic pressure	NSIP	Nonspecific interstitial pneumonia	LIP	Lymphocytic interstitial pneumonia
UIP usual interstitial pneumonia	TRV	Tricuspid regurgitation peak velocity	AZA	Azathioprine

Conclusion: In our cohort the presence of positive ANCA was associated with renal vasculitis in one case. All patients with ANCA had vascular or interstitial pulmonary involvement, as well as other associated SADs. Further studies are needed to characterize the clinical associations of the presence of ANCA in SSC

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AB1272 TREATMENT OF RHEUMATOID ARTHRITIS WITH EXTENSION OF THE ANTI-TNF INTERDOSE INTERVALS. A MONOCENTRIC OFF-LABEL STUDY.

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Background: Since the advent of anti-TNFs a revolution has been established in the treatment of Rheumatoid Arthritis (RA).

Objectives: To evaluate the ability to safely extend the interdose intervals of the anti-TNFs in RA patients.

Methods: Eighty-six patients with early RA fulfilling the ACR/EULAR classification criteria were included and followed-up at predefined times. All patients were on conventional synthetic disease-modifying antirheumatic drugs (csDMARDs) plus an anti-TNF. At every visit, the disease activity score using the 28-joint count (DAS-28) as well as all the drug-related laboratory parameters were recorded. Clinical remission was defined as DAS-28 <2.6 for ≥12 months. RA patients in clinical remission had the possibility to extend interdose intervals.

Results: A total number of 57 females and 29 males (mean age: 62.7 ±4.1 years; disease duration: 14.9±2.4 months) were included. 76 patients were in clinical remission, while 10 were in low disease activity. From those in clinical remission, 40 patients received adalimumab (ADA), 23 etanercept (ETN) and 13 golimumab (GOL). Regarding the extension of the interdose intervals, 29 patients were on ADA every 21 days, 11 every 30 days. Regarding the extension of the interdose intervals in patients receiving ETN: 15 patients were on ETN every 10 days, 8 every 15 days. Finally, 6 patients were on GOL at a dose interval of 35 days, 4 every 40 days, 3 every 45 days. Young, female and seronegative patients treated early with an anti-TNF had more chances of extending the interdose interval.

Conclusion: We found that the extension of the interdose intervals of the anti-TNFs is a feasible option in early RA patients and it reflects not only significant clinical benefits for the patient but also economic benefits for the healthcare systems.

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AB1273 ESTABLISHMENT OF A PROSPECTIVE COHORT FOR RHEUMATOID ARTHRITIS PATIENTS WITH INTERSTITIAL LUNG DISEASE: COMPARISON OF BASELINE CHARACTERISTICS BETWEEN RHEUMATOID ARTHRITIS PATIENT WITH OR WITHOUT INTERSTITIAL LUNG DISEASE

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Background: Rheumatoid arthritis-associated interstitial lung disease (RA-ILD) has a clinical significance of high mortality rate in patients with RA. Hence, we established a multidisciplinary prospective single center cohort for RA-ILD patients with multidisciplinary collaboration called the HUMANISM. Patients with RA who have checked a chest computed tomography (CT) scan within previous 2 years were eligible for the enrollment, and they were classified according to the presence of ILD by expert radiologists. All RA patients were assessed with various outcomes of RA, and reviewed for treatment pattern of medications annually.

Objectives: To introduce a prospective, non-interventional cohort of RA-ILD patients, HUMANISM cohort and to compare baseline characteristics and treatment patterns between RA patients according to the presence of ILD using the enrollment data of this prospective cohort.

Methods: We compared the baseline characteristics between RA patients with and without ILD using the Chi-square test and Student's t-test. For RA-ILD patients, we described the ILD patterns that could be identified in high-resolution CT (HRCT) to determine their dominant radiological characteristics.

Figure 1. Patient selection flow of HUMANISM cohort

Figure 1

Results: A total of 74 RA-ILD patients and 239 RA patients without ILD were consecutively enrolled between May 2017 and October 2018. At the baseline, RA-ILD patients showed higher proportion of male patients and older age compared to RA patients without ILD. They also showed higher RF positivity than those without ILD. RA-ILD patients also have higher disease activity measured with DAS28. In the treatment, oral glucocorticoids (OC) are used in higher rate and higher doses in RA-ILD patients than those without ILD. Methotrexate (MTX) use rate was higher in RA without ILD patients compared to RA-ILD patients, but there was no difference in the prevalence of biological DMARDs. In HRCT findings of RA-ILD patients, usual interstitial pneumonia (UIP) and non-specific interstitial pneumonia (NSIP) dominant patterns were common, followed by organizing pneumonia (OP), and overlapping patterns combined with NSIP or UIP.

Conclusion: We found that RA-ILD patients showed higher disease activity, male predominance and older age than those without ILD. Treatment patterns were different in the use of MTX or OCs. In our HUMANISM cohort, common HRCT findings of RA-ILD patients were UIP and NSIP.